Meeting Minutes
Health Information Technology Council Meeting

November 3, 2014
3:30 – 5:00 P.M.

One Ashburton Place, 21st floor Conference Room
Boston, MA

Meeting Attendees

Name	Organization	Attended
John Polanowicz	*(Chair) Secretary of the Executive Office of Health and Human Services*	Yes
Manu Tandon	*Secretariat Chief Information Officer of the Executive Office of Health and Human Services*	
Darrel Harmer	*(Chair) Acting Secretariat Chief Information Officer of the Executive Office of Health and Human Services, Mass HIT Coordinator*	Yes
Bill Oates	*Chief Information Officer, Commonwealth of Massachusetts*	*
David Seltz	*Executive Director of Health Policy Commission*	No
Aron Boros	*Executive Director of Massachusetts Center for Health Information and Analysis*	Yes
Laurance Stuntz	*Director, Massachusetts eHealth Institute*	Yes
Eric Nakajima	*Assistant Secretary for Innovation Policy in Housing and Economic Development*	No
Patricia Hopkins MD	*Representative from a small Physician group Practice Rheumatology & Internal Medicine Doctor (Private Practice)*	Yes
Meg Aranow	*Senior Research Director, The Advisory Board Company*	No
Deborah Adair	*Director of Health Information Services/Privacy Officer, Massachusetts General Hospital*	Yes
John Halamka, MD	*Chief Information officer, Beth Israel Deaconess Medical Center*	No
Normand Deschene	President and Chief Executive Officer , Lowell General Hospital	No
Jay Breines	Community Health Center	No
Robert Driscoll	*Chief Operations Officer, Salter Healthcare*	Yes
Michael Lee, MD	*Director of clinical Informatics, Atrius Health*	No
Margie Sipe, RN	*Performance Improvement Consultant; Massachusetts Hospital Association (MHA)*	Yes
Steven Fox	*Vice President, Network Management and Communications, Blue Cross Blue Shield MA*	Yes
Larry Garber, MD	*Medical Director of Informatics, Reliant Medical Group*	Yes
Karen Bell, MD	*Chair of the Certification Commission for Health Information Technology (CCHIT) EOHED*	Yes
Kristin Madison	*Professor of Law and Health Sciences, Northeastern School of Law, Bouve college of Health Sciences*	Yes
Daniel Mumbauer	*President & CEO, Southeast Regional Network, High Point Treatment Center, SEMCOA*	Yes
Kristin Thorn	*Acting Director of Medicaid*	**
Jessica Costantino	*AARP*	Yes

***Claudia Boldman** ****Rick Wilson**

Guest

Name	Organization
Robert McDevitt	EOHHS
Kathleen Snyder	EOHHS
David Bowditch	EOHHS
Claudia Boldman	ITD
Jennifer Monahan	MAeHC
Micky Tripathi	MAeHC
Mark Belanger	MAeHC
Denise Reardon	Harbor Medical Associates
Jeannette Currie	South Shore Hospital
Liz Whitney	Harbor Medical Associates
Christine Lavra	Harbor Medical Associates
David Bachard	NEQCA
Bala Burra	EOHHS
Venkat Jegadeesan	EOHHS
Sharon Pigeon	Harvard Pilgrim Health care
Stacey Piszcz	EOHHS
Kris Williams	EOHHS
Murali Athuluri	MAeHC
Ashile Brown	EOHHS
Michael Powell	EOHHS
Myfanwy Callahan	EOHHS
Ryan Ingram	Mass. Dental. Society
Lisa Fenichel	Consumer healthcare / Advocate

Meeting called to order – minutes approved

The meeting was called to order by Secretary Polanowicz at 3:46 P.M.

The Council reviewed minutes of the October 6, 2014 HIT Council meeting. The minutes were approved as written.

A farewell and thanks to Manu Tandon (outgoing EOHHS CIO) was presented by HIT Council Chair and Secretary of Health and Human Services, John Polanowicz.

(Slide 2) Farewell to Manu Tandon- Secretary Polanowicz thanked Manu Tandon for his service noting that he has been a tremendous asset to the Mass HIway project and that he will continue to have an impact in his new role at Beth Israel Deaconess.

Manu Tandon responded with a look back to the beginning of the project when, in October of 2011, John Halamka, Micky Tripathi, and Rick Shoup accompanied him to Washington DC to inquire about Medicaid funding for the statewide Health Information Exchange (HIE) and how this aligned with the administration's focus on enhancing quality and containing cost in the healthcare system. Mr. Tandon noted that it is very gratifying to see that today the HIE is no longer just an idea and that people are now using it.

Mr. Tandon thanked Secretary Polanowicz for supporting the project. He thanked Darrel Harmer and noted his great confidence in Mr. Harmer's abilities as acting CIO. Mr. Tandon thanked the entire Mass HIway team and its partners from the Massachusetts eHealth Institute (MeHI) and Massachusetts eHealth Collaborative (MAeHC). Mr. Tandon thanked the HIT Council noting that the Council acts as a powerful catalyst for action. Mr. Tandon wrapped up by saying he cannot wait to hear one day that someone's life was saved because some important data was retrieved through the Mass HIway.

Discussion Item 1: HIway Transition Group (Slide 4)

See slide 4 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

An update on the Mass HIway Transition Group was presented by HIT Council Chair and Secretary of Health and Human Services, John Polanowicz.

(Slide 4) HIway Transition Group- The Secretary noted that there is a tremendous amount of work going on right now around developing transparent transition plans for the incoming administration. The transition documents will be all electronic and will be searchable and offer more utility. The Secretary noted his confidence in the next administration to do a good job and has suggested a transition group so that we do not have a 'power outage' for the Mass HIway while everyone gets their feet on the ground.

The transition team includes Dr. Larry Garber, Dr. John Halamka, Darrel Harmer, Laurence Stuntz, Manu Tandon, and Micky Tripathi. The goal is to create an effective transition to the next administration with the hope that when the next Secretary comes in we will continue with the great progress.

Discussion Item 2: Customer Update (Slides 5-16)

See slides 5-16 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

Leaders from Harbor Medical Associates P.C. and South Shore Hospital shared their experiences with connecting to the Mass HIway. Presentation was made by Denise Reardon, VP of Clinical and Health Information Services at Harbor Medical Associates, Christine Laura, Lead System Administrator of Harbor Medical Associates Electronic Health Record, and Jeannette Currie, Director of Information Services at South Shore Hospital.

(Slide 6) Mass HIway Implementation Grant Program- Harbor Medical Associates (HMA) was a MeHI grant recipient.

(Slide 7) About Us – HMA is a multispecialty practice with over 82 providers across 12 sites, serving 16 communities throughout the South Shore. HMA has been live on an Allscripts Enterprise (now TouchWorks) Electronic Health Record (EHR) system for 5 years. South Shore Hospital (SSH) is a leading regional provider of acute, outpatient, home health and hospice care. SSH is HMA's acute care facility.

(Slide 8) HMA Vision - The goal is "one patient, one chart." The more up to date information they could host in the chart, the better the care. The grant provided an opportunity to improve patient care by improving overall care coordination.

(Slide 9) HMA Mass HIway Journey- Submitted in April 2013 - HMA was awarded a MeHI grant in May and it was the first grant ever for the organization. The Mass HIway agreement was signed in August 2013 and HMA contracted with Allscripts to do the interface work with SSH. This early contracting work took a lot of time and meetings with Mass HIway staff. Due to EHR vendor constraints HMA had to transition to a Local Access Network Distribution device (LAND) midstream and that involved a lot of learning for HMA's small home grown team. HMA implemented the interface engine (Orion Rhapsody) and had a successful message exchange in June 2014. The consent process and forms took a long time as the team wanted to make sure they understood everything and really teased out the transition of care requirements. HMA's go live date with the Mass HIway was October 15th.

(Slide 10) Consent Process- HMA had to come up with a new consent and patient education process and wanted to be sure the patients really understood the HIway and consent for its use. The Mass HIway website (www.masshiway.net) was very helpful. HMA rebuilt their whole consent form and this was labor intensive given the organization sees about 87,000 patients (around 500 patients a day). HMA does not have an electronic consent format right now. The team did look at different formats for electronic signatures, but it was too costly for a private small practice. HMA settled on a process for signing, scanning and attaching consent documentation. HMA spent a long time making sure patients understood the process, and really highlighted the benefits.

- Question (Secretary Polanowicz): Is there not a consent module in most ambulatory EHRs?
    - Answer (Multiple responders): It depends on the EHR.
    - Answer (Denise Reardon): The newer versions (Allscripts Touchworks EHR) may have a field. We had to create one. Getting the signature in will be manual on paper until we purchase a vendor that interfaces with Allscripts.
- Question (Larry Garber): Is there still a field in Allscripts that you check?
    - Answer (Denise Reardon): No. We actually had to create a new system to show the consent information within the flow of the record. We needed a way to let the end user know that the patient has already been consented.

(Slide 11) How it Works- When the patients checks in they are given the form. When they opt-in the Patient Service Representative enters the date for the opt-in, saving it and triggering a Continuity of Care Document (CCD). That information is then sent to the Medical Records Department. A CCD is

automatically triggered anytime a saved change happens in the chart. The CCD is delivered to Rhapsody, which renames the document and delivers to a local drive monitored by the LAND. The LAND really saved the project. When HMA converted to Allscripts they were told they did not need to purchase any hardware and that turned out not to be the case. HMA needed to have the LAND installed in order for the HIway to seamlessly move the information to the hospital.

- Question (Laurance Stuntz): Do you have a sense of how many are opting in?
    - Answer (Denise Reardon): A pretty high percentage, but we do not have exact numbers. This is really new since we started on October 15th and it is a very manual process. Some patients are still leery about sharing their information but when we take the time to explain what information is going across, they seem more at ease especially when we talk about the Emergency Room scenarios. We used the education materials from the Mass HIway and they are very well written. As clinicians we work hard to educate patients on the benefits.
- Comment (Secretary Polanowicz): One of the things that would be helpful would be to share some of these 'wow' stories with our partners. For example, a patient in the Harbor community goes to South Shore and had just been seen a week ago at their Harbor provider. It would be powerful to show how that information prevented an issue, duplicate testing, allergic reaction, and so on. We should think of ways to share some of those stories.
- Comment (Jeannette Currie): We are also a shared savings Accountable Care Organization (ACO) and our case managers will be collecting those stories. They work with a lot of the 'repeat flyers' [patients that seek medical care often] so we can look at what the differences are such as patient repeat labs, repeat imaging, ease in of having medication list, emergency situations, and so forth.
- Question (Patricia Hopkins): Why did Allscripts say they could do this originally and then did not?
    - Answer (Denise Reardon): Not sure why but we knew we needed to invest to make it work. We made the decision as HMA to use the HIway because we were looking at the future vision and saw the importance of connections to other Boston hospitals. 60% of our patients go to SSH, 40% go elsewhere.
- Question (Karen Bell): Is this approach unique to your organization with Allscripts?
    - Answer (Denise Reardon): I am not sure. We really did this ourselves. We were all novices and not sure that this was going to work. If it wasn't for the team's perseverance with Allscripts we wouldn't have gotten there.

(Slide 12) SSH Workflow and Clinical- SSH has always been involved in HIE and knew that this connection would help with the triple aim. It will help to control costs. Rendering care in the appropriate setting will reduce duplicate testing. Patients will receive better care, overall make patients happier. When the consented CCD comes to the Hospital's LAND, the LAND feeds a Clinical Data Repository (CDR). The hospital created this repository so they are able to display all of the information to the caregiver at one time in one place. There was already an enterprise Master Patient Index (eMPI) in place so there were

no challenges with patient matching. If there is an available CCD for the patient it can be brought forward in the record. SSH is going live with this in the Emergency Room tomorrow.

(Slide 13) Screenshot of the Meditech EHR- A screen shot of where the care giver will go to document was shown. This is the summary screen they see first and there is an external medical documents button they can click if a document is available.

(Slide 14) Screenshot- With one click of a button they can see all of this information including current medication list, allergies, problem list, immunization records, vital signs, and 30 days' of recent results. This can help reduce things like radiation exposure. The group is looking forward to expand it even more.

- Question (Larry Garber): So the document is not in Meditech (SSH EHR)? And does the CCD being sent have an additional part which includes the note of the encounter?
    - Answer (Christine Laura): Correct and not yet. Including the encounter note is not part of the current Allscripts contract and it would be an additional cost.
- Question (Audience- Lisa Fenichel): Does the patient get to see this information?
    - Answer (Christine Laura): At check-out time the patients get a clinical summary so the same information is available to them. That is part of Meaningful Use so we are already doing this. There is a patient portal as well.
- Question (Larry Garber): Can patients from HMA go to South Shore and ask who has been looking at their records?
    - Answer (Jeannette Currie): Yes, everything is auditable. In Meditech we have auditing tracking anytime any action is taken in the record.
- Question (Patricia Hopkins): Is this coming in as a read only document and actively feeding Meditech the information?
    - Answer (Jeannette Currie): The architecture was built so that it will always go and find the most recent information.
- Question (Karen Bell): In terms of actual use in the Emergency Department (ED), are you tracking how much providers are actually using it?
    - Answer (Jeanette Currie): We can tell that they are excited. Change is usually seen as something done to them and this is done for them. We will have tracking mechanisms soon to help with outreach.
- Question (Laurance Stuntz): If you are going live with this tomorrow, do you have any idea of how many Emergency Department visits will have a document attached?
    - Answer (Jeanette Currie): Not sure right now but we will monitor this daily. We are looking forward to the next few months when we build it up.
- Question (Deborah Adair): How do you get info to the hospital now?
    - Answer (Denise Reardon): Faxing, but some hospital staff can access the system with a login. People are pleased to have it in their native systems.
- Question (Laurance Stuntz): What about communication back-getting back the ED notes, etc.?

- Answer (Denise Reardon): Early on when we went to EHR we invested in the interface to have the record sent back to us so that we have the most current information as well.

(Slide 15) Learning Opportunities- This was new for everyone. The vendors could not understand each other so there were holding patterns and the team was learning along the way. There was difficulty with technical resources on the vendor side and we needed to keep persistent pressure on the vendors. HMA was scheduled for a very large upgrade for Meaningful Use Stage 2 and had to suspend the project during that upgrade. It took a lot of time and the upgrade was terrible. Due to those delays HMA missed deadlines in the grant. However we felt this mission was really important and the HMA executive team voted to proceed. There were many testing failures, difficulties with headers on the CCD, and encryption and double encrypting learning processes. Ongoing expenses occurred throughout the project and we only got half of the grant because of missing deadlines. It did help defray some of the costs. It was exciting to see this go into production. HMA is a very home grown team and does have internal IT support now, but it was a challenge. One concern we have is that we do not get alerted that a LAND device is down. We would like to have an alert so there is not a disruption.

- Comment (Darrel Harmer): Yes it is a gap; we have been working with Orion to improve the LAND monitoring. We do not want to find out from our customers that the system is down and want to get out in front of that.
- Comment (Secretary Polanowicz): Thank you for coming in today to share this with us. We have had a number of people come in and this, in my mind, really shows that this work can be done. The fact that Harbor was able to do this with South Shore, and without a broad and deep IT infrastructure or technical team, is really important.
- Comment (Denise Reardon): We really have to thank the SSH team as well. We couldn't have done this without them. It has been a true partnership that has allowed us to grow.

Discussion Item 3: HIway Operations Update (Slides 17 –29)

See slides 17-29 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

An update on the Query and Retrieve pilots was provided by Darrel Harmer.

(Slide 18) HIway Participation- It was a good month with some pretty significant milestones. 18 new providers signed Participation Agreements (PA's).

(Side 19) HIway Connections- 3 new providers are connected. Prior presentations had the total signed PAs and total connections and this information has been moved to the dashboard.

(Slide 20) HIway Transaction Activity- Transaction volumes continue to grow with 4.5 million transactions processed in total.

(Slide 21) Progress Relative to SFY'15 Targets – The "421 Dashboard" is tied to the goal of 421 organizations actively using the Mass HIway. The dashboard has been reformatted a bit since last meeting and includes new organizations.

(Slide 22) Dashboard Definitions- Under the Mass HIway Health Information Service Provider (HISP) column are those that are signed on, connected, and actively using. The next column is those providers connecting from another HISP. A total of 271 are connected and 43 actively using. We clearly have work to do but believe once more HISPs get connected and some of the Public Health nodes are really geared up that these numbers will start to take off.

- Question (Laurance Stuntz): Who is the large ambulatory practice that is a HISP?
    - Answer (Mark Belanger): MinuteClinic through the Surescripts HISP. The original use is for MinuteClinic connection to UMass and they built it to be used by all Minute Clinics.
- Question (Steven Fox): What is the definition for actively using? Is it for at least one use case, or is it just using it once? How do you know they are active?
    - Answer (Mark Belanger): An organization is moved to "actively using" status after a Mass HIway Account Manager confirms active use with the customer. This is a customer check in our implementation process.

(Slide 23) Development Release Schedule- Nothing has changed with the exception of The Children's Behavioral Health Node where we have to push out the completion date a couple of weeks.

(Slide 24) HISP to HISP Connectivity- The big news is that Surescripts came on in October. eClinicalWorks (eCW) is very close, projecting this week or next. They need to finish training at Dimock but the HIway is ready. There is a new HISP on the tracker, the New Hampshire Health Information Organization (NHHIO), which will be our first state-to-state connection. McKesson/Relayhealth has signed a Participation Agreement and in testing now with Lawrence General.

- Question (Larry Garber): Surescripts is all over the country. Does that mean since they are connected, in theory I could send something to a provider in Florida?
    - Answer (Darrel Harmer): Yes. Same with eCW and the other HISP vendors once connected.
- Comment (Laurance Stuntz): Another metric to consider is the percentage of visits covered by the number of connections. Tier 1 at these targets probably covers a high percentage of patient visits. I am not sure how to count that but it would be interesting to see.

(Slide 25) Query & Retrieve Timelines - Beth Israel Deaconess Medical Center (BIDMC) is live. Holyoke and Tufts will be later this month. Atrius is working through the consent and Mass General still needs to sort out an implementation plan.

- Question (Secretary Polanowicz): This question is for Atrius. I heard that even with Southborough and Reliant going separate ways they were going to still use the same services. Would it still include them?
    - Answer (Larry Garber): Southborough will not be using Reliant's Epic until June 1st. As part of this we will be ramping up our interfaces with other hospitals in the Southborough areas and some of the other Boston hospitals.

(Slide 26) Query & Retrieve Pilots – BIDMC presented the consent form to 66,000 patients- 23,000 have opted-in. This does not mean that 44,000 have opted out, the number opted out is very small. The patients were having a hard time figuring out what they were supposed to fill out with the two boxes- they were checking *"Yes, I understand"* and not also checking *"Yes, I consent"*- BID has said they traditionally have high opt-in rates and are re-visiting education and process now.

- Comment (Deborah Adair): What we decided to do was take the whole opt out choice off of the consent form [patient either opts in or does not opt in]. There is language that says if a patient wishes to opt out [change previous consent preference from yes to no] he or she can call the privacy office.
- Comment (Secretary Polanowicz): As we roll these things out now it would be good to share some lessons learned so far as far as privacy and consent. We could create some learning opportunities for people around informed consent for better treatment. It may not be a bad idea before others go through the trials and tribulations. I would hate to see more people go down this road and feel like they have to restart the whole process again.

(Slide 27) HIway RLS – Unique Patients – The graph shows just BIDMC now and the matching logic has not had a chance to kick in yet. The discrepancy between the numbers on this slide and the one shown earlier is because the first few batches from BIDMC were missing a piece of data we needed to put those transactions into the RLS. Hopefully the bar will keep going up and up.

(Slide 28) Communications & Outreach - The new Mass HIway website (www.masshiway.net) is up and running and will be updated on a regular basis. There was a Webinar in early October on the Provider Directory and the 2nd HIway newsletter was sent. The next webinar will be on December 11th, a guide on how to use Webmail.

Discussion Item 4: Wrap-Up (Slide 30)

See slide 30 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

Wrap-up presented by Darrel Harmer.

The schedule for the 2014 and 2015 HIT Council Meetings was provided*.

- ~~September 8~~
- ~~October 6~~
- ~~November 3~~
- **December 8**

2015 Meeting Schedule:

- *No meeting scheduled in January 2015*
- February 2
- March 2
- April 6

- May 4
- June 1
- July 6
- August 3
- September 14 *(1st Monday of September is Labor Day)*
- October 5
- November 2
- December 7

** All meetings will be held from 3:30-5:00 PM at One Ashburton Place, 21st floor*

The HIT Council meeting was adjourned at 4:59 P.M.